

COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT PUBLIC RECORDS
RE KRS CH. 61

REQUEST

Date _____

TO: PUBLIC SERVICE COMMISSION OF KENTUCKY
Name of State Agency

I request to inspect the following document(s): _____

Number of copies of each page requested @ \$0.10 a page: _____ @ \$0.10 each = _____
Total # Copies Total Due

Enclosed \$ _____

Check ?

Money Order ?

Cash ?

Bill ?

COMPLETION OF
ALL INFORMATION
AT THE RIGHT IS
REQUIRED FOR
P.S.C. RECORDS

Signature

Printed Name

Company/Firm Name (if applicable)

Address

City, State, Zip Code

Phone Number

Staff Member Fulfilling Request

